PART B - FEE(S) TRANSMITTAL

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10/757,272 01/14/2004 Richard Proctor 646P 4139 TITLE OF INVENTION: EXERCISING AND PHYSIOTHERAPY SYSTEM APPLIN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$700 \$0 \$0 \$700 10/26/2007 EXAMINER ART UNIT CLASS-SUBCLASS HWANG, VICTOR KENNY 3764 482-037000 CLange of correspondence address or indication of "Fee Address" (17 CLASS-SUBCLASS (17 CLASS-SUBCLASS) Address form PTO/SB/122) attached. Class-Fine of correspondence address or indication of "Fee Address" (17 CLASS-SUBCLASS (17 CLASS-SUBCLASS) Address form PTO/SB/122) attached. Class-Fine of correspondence address or indication of "Fee Address" (17 CLASS-SUBCLASS (17 CLASS-SUBC				. [Thomas !	×7	(Signature)	
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EXAMINER ART UNIT CLASS-SUBCLASS HWANG, VICTOR KENNY 3764 482-037000 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents of R. 1.630. 3. Grain (1.630) 3. Address from PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignce category or categories (will not be printed on the patent): The following fee(s) are submitted: Advance Order - # of Copies Debication of this form status indicated above) Advance Order - # of Copies Debication of this form status indicated above) Advance Order - # of Copies Debication of this form status indicated above) Advance Order - # of Copies Advance Order - # of Copies Debication of this form status indicated above) Advance Order - # of Copies Advance Order	$\frac{1}{4h}$		<u> </u>				DATE DUE	
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